



American  
Hospital  
Association



# 1998 Annual Survey of Hospitals

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PLEASE RETURN DIRECTLY TO:

Texas Department of Health  
Bureau of State Health Data  
and Policy Analysis  
1100 West 49th Street  
Austin, Texas 78756 - 3199

Phone (512) 458 - 7261

Fax (512) 458 - 7344

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The 1998 Cooperative Annual Survey is enclosed. This survey represents the fourteenth year of cooperation between the Texas Department of Health (TDH), the American Hospital Association (AHA), and the Texas Hospital Association (THA). In an effort to reduce the reporting burden on Texas hospitals, TDH and AHA continue to combine their annual survey into a single questionnaire. In our efforts to further streamline the survey process, we encourage you use the enclosed diskettes as an alternate method of completing and submitting the survey form.

**State laws (Health and Safety Code, Chapters 104 and 311) require the Texas Department of Health to collect aggregate financial, utilization, and other data from all licensed hospitals. The survey also incorporates some data components used to determine which hospitals qualify for the Medicaid Disproportionate Share Hospital Program. Therefore, it is extremely important that all sections of the survey be completed fully and accurately.**

This survey provides the state's only comprehensive source of information on issues such as uncompensated care and hospital utilization trends. The survey findings are used by legislators, state agencies, and research institutions to support the development of health policy and accompanying programs. The survey also provides data for AHA and THA to assess the current status of the hospital industry and to enable them to provide effective representation and advocacy.

According to the rules adopted by the Texas Board of Health, **ALL HOSPITALS ARE REQUIRED TO SUBMIT THE SURVEY DATA WITHIN 60 DAYS OF RECEIPT OF THIS SURVEY FORM.** Your **timely** completion of this Annual Survey will fulfill your reporting obligation under Texas statutes. It will also ensure the inclusion of your facility's utilization data in **The AHA Guide** for 1999.

Please read the instructions for completion carefully. If you have any questions, please contact the Texas Department of Health, Hospital Data Section at (512) 458-7261. Thank you for your cooperation.

William R. Archer III, M.D.  
Commissioner of Health  
Texas Department of Health

Terry Townsend, CAE  
President/Chief Executive Officer  
Texas Hospital Association

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## GENERAL INSTRUCTIONS

The 1998 Cooperative TDH/AHA/THA Annual Survey form is enclosed. Please return the completed survey form directly to:

Bureau of State Health Data and Policy Analysis  
Texas Department of Health  
1100 West 49th Street  
Austin, Texas  
78756-3199

**A copy of the completed survey form should be retained in your files for your reference. In addition, if there are any questions about your responses, this file copy may be of assistance to you in the follow-up and editing process.**

Please report utilization and financial information for a full 12-month period, preferably your fiscal year as the reporting period.

Make an entry for **EVERY ITEM** on the form.

- **DO NOT USE “NA”** in any of your responses on this survey. Enter **“NAV”** for an item which is applicable to your hospital, but data are not available from your hospital records in the detail required to complete the item.
- Enter **“0”** if zero is appropriate, i.e., the item is either not applicable to your hospital or, if applicable, no service was provided in this fiscal year.

Required return date is stamped on the cover page. Please call Vicki Swann at **(512) 458-7261** if you have any questions.

**Please Note:** **ALL OF THE INFORMATION REPORTED IN THIS SURVEY WILL BE AVAILABLE TO THE PUBLIC. As of September 1, 1993, the confidentiality restriction on hospital specific financial data was removed for information reported since September 1, 1987. This change resulted from amendments made to the Health and Safety Code, Chapter 311.**

# 1998 AHA ANNUAL SURVEY

## A. REPORTING PERIOD (please refer to the instructions and definitions on the reverse side of this page)

Report data for a full 12-month period, preferably your last completed fiscal year (365 days). (Be consistent in using the same reporting period for responses throughout various sections of this survey.)

1. Reporting Period used (beginning and ending date) .....      /      /      to      /      /       
Month Day Year Month Day Year
2. a. Were you in operation 12 full months at the end of your reporting period ..... YES ☐ NO ☐ b. Number of days open during reporting period .....
3. Indicate the beginning of your current fiscal year .....      /      /       
Month Day Year

## B. ORGANIZATIONAL STRUCTURE

### 1. CONTROL

Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. CHECK ONLY ONE:

#### Government, nonfederal

- ☐ 12 State
- ☐ 13 County
- ☐ 14 City
- ☐ 15 City-County
- ☐ 16 Hospital district or authority

#### Investor-owned, for-profit

- ☐ 31 Individual
- ☐ 32 Partnership
- ☐ 33 Corporation

#### Nongovernment, not-for profit (NFP)

- ☐ 21 Church-operated
- ☐ 23 Other not-for-profit (including NFP Corporation)

#### Government, federal

- ☐ 41 Air Force
- ☐ 42 Army
- ☐ 43 Navy
- ☐ 44 Public Health Service
- ☐ 45 Veterans' Affairs
- ☐ 46 Federal other than 41-45 or 47-48
- ☐ 47 PHS Indian Service
- ☐ 48 Department of Justice

### 2. SERVICE

Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of admissions:

- ☐ 10 General medical and surgical
- ☐ 11 Hospital unit of an institution (prison hospital, college infirmary)
- ☐ 12 Hospital unit within an institution for the mentally retarded
- ☐ 22 Psychiatric
- ☐ 33 Tuberculosis and other respiratory diseases
- ☐ 44 Obstetrics and gynecology
- ☐ 45 Eye, ear, nose, and throat
- ☐ 46 Rehabilitation
- ☐ 47 Orthopedic
- ☐ 48 Chronic disease
- ☐ 62 Institution for mentally retarded
- ☐ 82 Alcoholism and other chemical dependency
- ☐ 49 Other-specify treatment area: \_\_\_\_\_

### 3. OTHER

- a. Does your hospital restrict admissions primarily to children? ..... YES ☐ NO ☐
- b. Is your hospital primarily osteopathic? ..... YES ☐ NO ☐
- c. Is the hospital part of a health care system? If yes, please provide the name, city, and state of the ..... YES ☐ NO ☐  
system headquarters:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- d. Is the hospital a division or subsidiary of a holding company? ..... YES ☐ NO ☐
- e. Does the hospital itself operate subsidiary corporations? ..... YES ☐ NO ☐
- f. Is the hospital contract managed? If yes, please provide the name, city, and state of the organization .. YES ☐ NO ☐  
that manages the hospital:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- g. Is the hospital a member of an alliance? If yes, please provide the name(s), city, and state of the ..... YES ☐ NO ☐  
alliance headquarters:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- h. Is the hospital a participant in a network? If yes, please provide the name and telephone number ..... YES ☐ NO ☐  
of the network. If the hospital participates in more than one network, please provide the name, address, city, state, and  
telephone number of the network(s) on page 28, under supplemental information.  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
- i. Does the hospital participate in a group purchasing arrangement? If yes, please provide the ..... YES ☐ NO ☐  
name, city, and state of the group purchasing organization:  
Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

# 1998 AHA ANNUAL SURVEY

## INSTRUCTIONS AND DEFINITIONS FOR THE 1998 ANNUAL SURVEY

**HOSPITAL.** For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical.

### SECTION A REPORTING PERIOD Instructions

Record the beginning and ending dates of the reporting period in a six-digit number: for example, January 1, 1998, should be shown as 01/01/98. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 365 days, utilization and finances should be presented for days reported only.

### SECTION B ORGANIZATIONAL STRUCTURE Instructions and Definitions

#### 1. CONTROL

Check the box to the left of the type of organization that is responsible for establishing policy for overall operation of the hospital.

**Government, nonfederal.**

**State.** Controlled by an agency of state government.

**County.** Controlled by an agency of county government.

**City.** Controlled by an agency of municipal government.

**City-County.** Controlled jointly by agencies of municipal and county governments.

**Hospital district or authority.** Controlled by a political subdivision of a state, county, or city created solely for the purpose of establishing and maintaining medical care or health-related care institutions.

#### 2. SERVICE

Indicate the ONE category that best describes the type of service that your hospital provides to the majority of admissions.

**General medical and surgical.** Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and nonsurgical.

**Hospital unit of an institution.** Provides diagnostic and therapeutic services to patients in an institution.

**Hospital unit within an institution for the mentally retarded.** Provides diagnostic and therapeutic services to patients in an institution for the mentally retarded.

**Psychiatric.** Provides diagnostic and therapeutic services to patients with mental or emotional disorders.

**Tuberculosis and other respiratory diseases.** Provides medical care and rehabilitative services to patients for whom the primary diagnosis is tuberculosis or other respiratory diseases.

**Obstetrics and gynecology.** Provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs.

**Eye, ear, nose, and throat.** Provides diagnosis and treatment of diseases and injuries of the eyes, ears, nose, and throat.

**Rehabilitation.** Provides a comprehensive array of restoration services for the disabled and all support services necessary to help them attain their maximum functional capacity.

**Orthopedic.** Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

**Chronic disease.** Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes.

**Institution for the mentally retarded.** Provides health-related care on a regular basis to patients with psychiatric or developmental impairment who cannot be treated in a skilled nursing unit.

**Alcoholism and other chemical dependency.** Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies.

#### 3. OTHER

- b. **Osteopathic.** Osteopathic medicine is a medical practice based on a theory that diseases are due chiefly to a loss of structural integrity which can be restored by manipulation of the neuro-muscular and skeletal system, supplemented by therapeutic measures (as use of medicine or surgery).
- c. **Health care system.** A corporate body that may own and/or manage health provider facilities or health-related subsidiaries as well as non-health-related facilities including freestanding facilities and/or subsidiary corporations.
- d. **Holding company.** Any company, incorporated or unincorporated, that is in a position to control or materially influence the management of one or more other companies by virtue of its ownership of securities and/or its right to appoint directors in the other company or companies.
- e. **Subsidiary.** A company that is wholly controlled by another or one that is more than 50% owned by another organization.
- f. **Contract managed.** General day-to-day management of an entire organization by another organization under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities.
- g. **Alliance.** A formal organization, usually owned by shareholder/members, that works on behalf of its individual members in the provision of services and products and in the promotion of activities and ventures. Examples of alliances: Voluntary Hospitals of America, Consolidated Catholic Health Care, and American HealthCare System.
- h. **Network.** A group of hospitals, physicians, other providers, insurers and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community.

# 1998 AHA ANNUAL SURVEY

## C. FACILITIES AND SERVICES

For each service or facility listed below, please check all the categories that describe how each item is provided as of the last day of the reporting period. Check all categories that apply for an item. Leave all categories blank for a facility or service that is not provided. Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

	(1) Owned or provided by my hospital or a subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community)
1. General medical-surgical care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical-surgical care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics [Level of unit (1-3): _____] .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical surgical intensive care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac intensive care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neonatal intensive care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Neonatal intermediate care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pediatric intensive care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burn care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other special care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other intensive care (specify: _____ ) ..	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Physical rehabilitation .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Alcoholism-drug abuse or dependency care .	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Psychiatric care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Skilled nursing care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Intermediate nursing care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Acute long term care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other long term care .....	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other care (specify: _____ ) ...	<input type="checkbox"/> (# Beds: _____ )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Total # Beds: \_\_\_\_\_)

Should equal E.1.a.(1) on page 13)

# 1998 AHA ANNUAL SURVEY

## SECTION C FACILITIES AND SERVICES Definitions

1. **General medical-surgical care.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
2. **Pediatric medical-surgical care.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
3. **Obstetrics.** Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.
4. **Medical surgical intensive care.** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. Includes mixed intensive care units.
5. **Cardiac intensive care.** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
6. **Neonatal intensive care.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
7. **Neonatal intermediate care.** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
8. **Pediatric intensive care.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
9. **Burn care.** Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
10. **Other special care.** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down, or progressive care units.
12. **Physical rehabilitation.** Provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity.
13. **Alcoholism-drug abuse or dependency care.** Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
14. **Psychiatric care.** Provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons.
15. **Skilled nursing care.** Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis.
16. **Intermediate nursing care.** Provides health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and support services.
17. **Acute long term care.** Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24 hour/7 day a week basis.
18. **Other long term care.** Provision of long term care other than skilled nursing care or intermediate care. This can include residential care-elderly housing services for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living, or sheltered care facilities for developmentally disabled.
19. **Other care.** (specify) Any type of care other than those listed above.

# 1998 AHA ANNUAL SURVEY

## C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or a subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community)
20. Adult day care program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Alcoholism-drug abuse or dependency outpatient services ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Angioplasty .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Arthritis treatment center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Assisted living .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Auxiliary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Birthing room - LDR room -LDRP room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Breast cancer screening/mammograms .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Cardiac catheterization laboratory .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Case management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Children wellness program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Chiropractic services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Community outreach .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Complementary medicine services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Crisis prevention .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Dental services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Emergency services:				
a. Emergency department .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trauma center (certified) [Level of unit (1-4): ____] ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. End of life services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Extracorporeal shock wave lithotripter (ESWL) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Fitness center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Freestanding outpatient care center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Geriatric services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Health fair .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Health information center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Health screenings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. HIV-AIDS services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Home health services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Hospice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Hospital-based outpatient care center-services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Meals on wheels .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Nutrition programs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Occupational health services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Oncology services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Open heart surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. FACILITIES AND SERVICES (continued)

20. **Adult day care program.** Program providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
21. **Alcoholism-drug abuse or dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
22. **Angioplasty.** The reconstruction or restructuring of a blood vessel by operative means or by nonsurgical techniques such as balloon dilation or laser.
23. **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
24. **Assisted living.** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends.
25. **Auxiliary.** A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.
26. **Birthing room-LDR room-LDRP room.** A single-room type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process—labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process—labor, delivery, recovery, and postpartum.
27. **Breast cancer screening/mammograms.** Mammography screening - The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. Diagnostic mammography - The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
28. **Cardiac catheterization laboratory.** Facilities offering special diagnostic procedures for cardiac patients. Available procedures must include, but need not be limited to, introduction of a catheter into the interior of the heart by way of a vein or artery or by direct needle puncture. Procedures must be performed in a laboratory or a special procedure room.
29. **Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.
30. **Children wellness program.** A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion.
31. **Chiropractic services.** An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
32. **Community outreach.** A program that systematically interacts with the community to identify those in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
33. **Complementary Medicine Services.** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc.
34. **Crisis prevention.** Services provided in order to promote physical and mental well being and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
35. **Dental Services.** An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
- 36a. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
- 36b. **Trauma center (certified).** A facility to provide emergency and specialized intensive care to critically ill and injured patients. **Level 1:** A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. **Level 2:** A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. **Level 3:** A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Please provide explanation on page 28 if necessary. **Level 4:** offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organization that is capable of providing needed services. The mechanism for providing physician coverage at all times is defined by the medical staff.
37. **End of life services.** An organized service providing care and/or consultative services to dying patients and their families based on formalized protocols and guidelines.
38. **Extracorporeal shock wave lithotripter (ESWL).** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.
39. **Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
40. **Freestanding outpatient care center.** A facility owned and operated by the hospital, but physically separate from the hospital, that provides various medical treatments on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available.
41. **Geriatric services.** The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include: Adult day care; Alzheimer's diagnostic-assessment services; Comprehensive geriatric assessment; Emergency response system; Geriatric acute care unit; and/or Geriatric clinics.
42. **Health fair.** Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
43. **Health information center.** Education which is directed at increasing the information of individuals and populations. It is intended to increase the ability to make informed personal, family and community health decisions by providing consumers with informed choices about health matters with the objective of improving health status.
44. **Health screening.** A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.



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## C. FACILITIES AND SERVICES (continued)

	(1) Owned or provided by my hospital or a subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community)
54. Outpatient surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Pain Management Program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Patient education center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Patient representative services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Physical rehabilitation outpatient services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Primary care department .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Psychiatric services:				
a. Psychiatric child-adolescent services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Radiation therapy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Radiology, diagnostic:				
a. CT scanner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Magnetic resonance imaging (MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Positron emission tomography (PET) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Single photon emission computerized tomography (SPECT) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ultrasound .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Reproductive health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Retirement housing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Social work services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Sports medicine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Support groups .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Teen outreach services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Transplant services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Transportation to health facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Urgent care center .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Volunteer services department .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Women's health center/services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1998 AHA ANNUAL SURVEY

### C. FACILITIES AND SERVICES (continued)

45. **HIV-AIDS services** (could include). HIV-AIDS unit-Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for HIV-AIDS patients and their families. General inpatient care for HIV-AIDS-Inpatient diagnosis and treatment for human immunodeficiency virus and acquired immunodeficiency syndrome patients, but dedicated unit is not available. Specialized outpatient program for HIV-AIDS-Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for HIV-AIDS patients and their families.
46. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
47. **Hospice.** A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home.
48. **Hospital-based outpatient care center-services.** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral.
49. **Meals on wheels.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
50. **Nutrition programs.** Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
51. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
52. **Oncology services.** An organized program for the treatment of cancer by the use of drugs or chemicals.
53. **Open heart surgery.** Heart surgery where the chest has been opened and the blood recirculated and oxygenated with the proper equipment and the necessary staff to perform the surgery.
54. **Outpatient surgery.** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.
55. **Pain management.** A hospital wide formalized program that includes staff education for the management of chronic and acute pain based on guidelines and protocols like those developed by the agency for Health Care Policy Research, etc.
56. **Patient education center.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care.
57. **Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services.
58. **Physical rehabilitation outpatient services.** Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help disabled persons attain or retain their maximum functional capacity.
59. **Primary care department.** A unit or clinic within the hospital that provides primary care services (e.g. general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
60. **Psychiatric services:**
  - a. **Psychiatric child-adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
  - b. **Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.
  - c. **Psychiatric education services.** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.
  - d. **Psychiatric emergency services.** Services of facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress.
  - e. **Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
  - f. **Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
  - g. **Psychiatric partial hospitalization program.** Organized hospital services of intensive day/evening outpatient services of three hours of more duration, distinguished from other outpatient visits of one hour.
61. **Radiation therapy.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include: megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.
62. **Radiology, diagnostic:**
  - a. **CT scanner.** Computed tomographic scanner for head or whole body scans.
  - b. **Diagnostic radioisotope facility.** The use of radioactive isotopes (Radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease.
  - c. **Magnetic resonance imaging (MRI).** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances, or high-frequency sound.
  - d. **PET.** Positron emission tomography scanner is a nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy.
  - e. **SPECT.** Single photon emission computerized tomography is a nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.
  - f. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
63. **Reproductive health** (could include). Fertility counseling - A service that counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children. In vitro fertilization - Program providing for the induction of fertilization of a surgically removed ovum by donated sperm in a culture medium followed by a short incubation period. The embryo is then reimplanted in the womb.
64. **Retirement housing.** A facility which provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long term care through affiliated institutions.

# 1998 AHA ANNUAL SURVEY

## C. FACILITIES AND SERVICES (continued)

74. Which of the following physician arrangements does your hospital or system/network participate in? Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

	(1) My Hospital	(2) My Health System	(3) My Health Network
a. Independent Practice Association .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
b. Group practice without walls .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
c. Open Physician-Hospital Organization (PHO) .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
d. Closed Physician-Hospital Organization (PHO) .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
e. Management Service Organization (MSO) .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
f. Integrated Salary Model .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
g. Equity Model .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>
h. Foundation .....	<input type="checkbox"/> (# of physicians _____)	<input type="checkbox"/>	<input type="checkbox"/>

75. Does your hospital, health system or health network have an equity interest in any of the following insurance products? (Check all that apply) Contractual relationships with HMOs and PPOs should not be reported here but in Question 76. Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

	(1) My Hospital	(2) My Health System	(3) My Health Network	(4) Joint Venture With Insurer
a. Health Maintenance Organization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preferred Provider Organization .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Indemnity Fee For Service Plan .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. Does your hospital have a formal written contract that specifies the obligations of each party with:

a. Health maintenance organization (HMO) .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	b. If YES, how many contracts? .....	_____
c. Preferred provider organization (PPO) .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	d. If YES, how many contracts? .....	_____

77a. What percentage of the hospital's net patient revenue is paid on a capitated basis?

(If the hospital does not participate in capitated arrangements, please enter "0") ..... %

77b. What percentage of the hospital's net revenue is paid on a shared risk basis? ..... %

78. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? .....

YES ☐ NO ☐

79. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered? .....

\_\_\_\_\_

## D. COMMUNITY ORIENTATION

1. Does your hospital's mission statement include a focus on community benefit? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Does your hospital have a long-term plan for improving the health of its community? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Does your hospital have resources for its community benefit activities? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
6a. Does your hospital work with other local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
6b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Does your hospital either by itself or in conjunction with others disseminate reports to the community on the quality and costs of health care services? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Does your hospital self-assess against Baldrige like criteria for sustained continuous improvement? .....	YES <input type="checkbox"/> NO <input type="checkbox"/>

## 1998 AHA ANNUAL SURVEY

### C. FACILITIES AND SERVICES (continued)

- 65. **Social work services** (could include). Organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
- 66. **Sports medicine**. Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
- 67. **Support groups**. A hospital sponsored program which allows a group of individuals with the same or similar problems who meet periodically to share experiences, problems, and solutions in order to support each other.
- 68. **Teen outreach services**. A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
- 69. **Transplant services**. The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow transplant program; kidney transplant; organ transplant (other than kidney); tissue transplant.
- 70. **Transportation to health facilities**. A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or handicapped; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
- 71. **Urgent care center**. A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term. These units function like emergency rooms but are separate from hospitals with which they may have backup affiliation arrangements.
- 72. **Volunteer services department**. An organized hospital department responsible for coordinating the services of volunteers working within the institution.
- 73. **Women's health center/services**. An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB.
- 74a. **Independent practice association (IPA)**. AN IPA is a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-services or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
- 74b. **Group practice without walls**. Hospital sponsors the formation of, or provides capital to physicians to establish, a "quasi" group to share administrative expenses while remaining independent practitioners.
- 74c. **Open physician-hospital organization (PHO)**. A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.
- 74d. **Closed physician-hospital organization (PHO)**. A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
- 74e. **Management services organization (MSO)**. A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.
- 74f. **Integrated salary model**. Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.
- 74g. **Equity model**. Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
- 74h. **Foundation**. A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.
- 77a. **Capitation**. An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollers in the capitated plan. The fixed amount is specified within contractual agreements between the payor and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollees adjustment factors such as age, sex, and family size.
- 77b. **Shared risk payments**. A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets.

### D. COMMUNITY ORIENTATION

- 9. **Self assessment** is an evaluation of an organization's management system through achievements in areas such as: leadership, strategic planning, human resource management, information management, process management, customer focus and satisfaction, and business results.

# 1998 AHA ANNUAL SURVEY

## E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

Please report beds, utilization, financial, and staffing data for a 12 month period that is consistent with the period reported on page 3. Report financial data for reporting period only. If final figures are not available, please estimate. Round to the nearest dollar. Report full-time and part-time personnel who were on the payroll and whose payroll expenses are reported in E3f. (Please refer to specific definitions on page 14.)

	(1) Total Facility	(2) Nursing Home Unit/Facility
<div style="border: 1px solid black; padding: 5px;">                     Fill out column (2) if hospital owns and operates a nursing home type unit/facility.                      Column (1) should be the combined total of hospital plus Nursing Home Unit/Facility.                 </div>		
<b>1. BEDS AND UTILIZATION</b>		
a. Beds set up and staffed for use at the end of the reporting period ..... (Do not report licensed beds; should match total # beds on page 5.)	_____	_____
b. Bassinets set up and staffed for use at the end of the reporting period .....	_____	_____
c. Births (exclude fetal deaths) .....	_____	_____
d. Admissions (exclude newborns, <u>include</u> neonatal & swing admissions) .....	_____	_____
e. Inpatient days (exclude newborns, <u>include</u> neonatal & swing days) .....	_____	_____
f. Emergency room visits .....	_____	_____
g. <u>Total</u> outpatient visits (include emergency room visits, outpatient surgeries, ... and observation stays)	_____	_____
h. Inpatient surgical operations .....	_____	_____
Number of operating rooms .....	_____	_____
i. Outpatient surgical operations .....	_____	_____
<b>2. MEDICARE/MEDICAID UTILIZATION</b> (exclude newborns and observation days, <u>include</u> neonatal & swing days & deaths)		
a. Total Medicare (Title XVIII) inpatient discharges .....	_____	_____
b. Total Medicare (Title XVIII) inpatient days .....	_____	_____
c. Total Medicaid (Title XIX) inpatient discharges .....	_____	_____
d. Total Medicaid (Title XIX) inpatient days .....	_____	_____
<b>3. FINANCIAL</b>		
a. Net patient revenue .....	_____	_____
b. Tax appropriations .....	_____	_____
c. Other operating revenue .....	_____	_____
d. Nonoperating revenue .....	_____	_____
e. Total revenue (add 3a thru 3d) .....	_____	_____
f. Payroll expenses (only) .....	_____	_____
g. Employee benefits .....	_____	_____
h. Total expenses (Payroll plus all non-payroll expenses, including bad debt) .....	_____	_____
<b>4. REVENUE BY TYPE</b>		
a. Total gross inpatient revenue .....	_____	_____
b. Total gross outpatient revenue .....	_____	_____
c. Total gross patient revenue (add 4a + 4b) .....	_____	_____
<b>5. UNCOMPENSATED CARE</b>		
a. Bad debt expense .....	_____	_____
b. Charity (Revenue forgone at full established rates. Include in gross revenue)	_____	_____

# 1998 AHA ANNUAL SURVEY

## SECTION E TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

### Instructions and Definitions

1. For the purposes of this survey, nursing home type unit/facility provides care for the elderly and chronic care in a non-acute setting in any of the following categories: \*Skilled nursing care \*Intermediate nursing care \*Other long term care (\*see page 6 definitions). **The nursing home type units/facilities are to be owned and operated by the hospital. Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.**
- 1a. Report the number of **beds** regularly available (those set up and staffed for use) at the end of the reporting period. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients who have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, postanesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.
- b. Report the number of normal newborn **bassinets**. Do not include neonatal intensive care or intermediate care bassinets. These should be reported on page 5, C6 and C7.
- c. Total **births** should exclude fetal deaths.
- d. Include the number of adult and pediatric **admissions** only (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
- e. Report the number of adult and pediatric days of care rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Also include swing bed inpatient days. **Inpatient day** of care (also commonly referred to as a **patient day** or a **census day**, or by some federal hospitals as an **occupied bed day**) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day.
- f. **Emergency room visits** should reflect the number of visits to the emergency unit. Emergency outpatients can be admitted to the inpatient areas of the hospital, but they are still counted as emergency visits and subsequently as inpatient admissions.
- g. An **Outpatient visit** is a visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits.

**Clinic** visits should reflect total number of visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, nonemergency basis (i.e., alcoholism, dental, gynecology, etc.). Visits to the satellite clinics and primary group practices should be included if revenue is received by the hospital.

**Referred** visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, pharmacy, etc.

**Observation** services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours. However, there is no hourly limit on the extent to which they may be used.

Also include the number of outpatient surgeries reported on line E1i. and the emergency room visits reported on line E1f.
- h-i. Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.
- i. For outpatient surgical operations, please record operations performed on patients who do not remain in the hospital overnight. Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone.
- 3a. **Net patient revenue.** Reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- c. **Other operating revenue.** Revenue from services other than health care provided to patients, as well as sales and services to nonpatients. Revenue that arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to nonpatients, and revenue from miscellaneous sources (rental of hospital space, sale of cafeteria meals, gift shop sales). Also include operating gains in this category.
- d. **Nonoperating revenue.** Includes investment income, extraordinary gains and other nonoperating gains.
- f. **Payroll expenses.** Include payroll for all personnel including medical and dental residents/interns and trainees.
- g. **Employee benefits.** Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
- h. **Total expenses.** Includes all payroll and non-payroll expenses (including bad debt) as well as any nonoperating losses (including extraordinary losses).
- 5a. **Bad debt expense.** The provision for actual or expected uncollectibles resulting from the extension of credit. Because bad debts are reported as an expense and not a deduction from revenue, the gross charges that result in bad debts will remain in net revenue (E3a).
- b. **Charity care.** Health services that were never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who meet certain financial criteria. **For purposes of this survey, charity care is measured on the basis of revenue forgone, at full established rates.**

# 1998 AHA ANNUAL SURVEY

## E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

### 6. REVENUE BY PAYOR (report total facility gross and net figures)

		(1) Gross	(2) Net
a. GOVERNMENT	(1) Medicare:		
	a) Routine patient revenue .....	.00	.00
	b) Managed care revenue .....	.00	.00
	c) Total (a + b) .....	.00	.00
	(2) Medicaid:		
	a) Routine patient revenue .....	.00	.00
	(include disproportionate share hospital payments)		
	b) Managed care revenue .....	.00	.00
	c) Total (a + b) .....	.00	.00
	(3) Other (Specify: _____) ....	.00	.00
b. NONGOVERNMENT	(1) Self-pay .....	.00	.00
	(2) Third-party payors:		
	a) HMO .....	.00	.00
	b) PPO .....	.00	.00
	c) Other third-party payors .....	.00	.00
	(3) Other (Specify: _____) ....	.00	.00
c. TOTAL .....		.00	.00

(Total gross should equal 4c on page 13, total net should equal 3a on page 13.)

Are the financial data on pages 13 and 15 from your audited financial statement? ..... YES ☐ NO ☐

### 7. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility payroll at the end of your reporting period. Include members of religious orders for whom dollar equivalents were reported. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Exclude physicians and dentists who are paid on a fee basis.

	(1) Full-Time (35 hr/wk or more) On Payroll	(2) Part-Time (less than 35 hr/wk) On Payroll
a. Physicians and dentists .....		
b. Medical and dental residents/interns .....		
c. Other trainees .....		
d. Registered nurses .....		
e. Licensed practical (vocational) nurses .....		
f. All other personnel .....		
g. Total facility personnel (add 7a through 7f) .....		
(Should include hospital plus nursing home type unit/facility personnel)		
h. Nursing home type unit/facility personnel .....		
(if applicable - please break out these personnel from the total facility number.)		

## 1998 AHA ANNUAL SURVEY

### E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

- 7a. **Physicians and dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported in "All other personnel."
- c. **Other trainees.** A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under a related occupational category. Exclude medical and dental residents/interns who should be reported on line 7b.
- d. **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently registered by the state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators, and therefore listed under "All other personnel."
- e. **Licensed practical (vocational) nurses.** Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.
- g. **Total facility personnel.** This line is to include the total facility personnel - hospital plus nursing home type unit/facility personnel (for those hospitals that own and operate a nursing home type unit/facility).
- h. **Nursing home type unit/facility personnel.** This line should be filled out only by hospitals that own and operate a nursing home type unit/ facility, where only one legal entity is vested with title to the physical property or operates under the authority of a duly executed lease of the physical property. If nursing home type unit/facility personnel are reported on the total facility personnel line, but cannot be broken out, please write "cannot break out" on this line.



# 1998 ANNUAL SURVEY

## TEXAS DEPARTMENT OF HEALTH SURVEY SUPPLEMENT

The Texas Department of Health hospital data survey supplement requests more specific information for several areas previously addressed in the American Hospital Association survey. Please be consistent in using established definitions and in coordinating responses between similar sections of the survey and supplement when referenced.

### F. OWNERSHIP

1. Please classify the ownership of your hospital. (check only one):

**GOVERNMENT, NONFEDERAL**

- ☐ 12 State  
☐ 13 County  
☐ 14 City  
☐ 15 City-County  
☐ 16 Hospital District  
☐ 17 Hospital Authority

**NONGOVERNMENT, NOT-FOR-PROFIT**

- ☐ 21 Church  
☐ 23 Other not-for-profit

**INVESTOR-OWNED, FOR-PROFIT**

- ☐ 31 Individual  
☐ 32 Partnership  
☐ 33 Corporation

2. Did the ownership of your facility change during this reporting period or from your previous reporting period? ☐ YES ☐ NO

a. IF YES, using the numerical ownership classification above, what was the ownership before the change? . . . \_\_\_\_\_

### G. INPATIENT NEWBORN CARE

1. Indicate total number of deliveries for your fiscal year. Deliveries should be considered as occurring at 20 or more weeks of gestation. Deliveries CAN be different than BIRTHS (item E.1.c.1, page 13). Stillbirths are to be included with deliveries and multiple births count as ONE delivery. . . . . \_\_\_\_\_
2. If your hospital **DOES NOT HAVE** a neonatal care unit, indicate the number of newborns transferred from your hospital to other hospitals for neonatal care . . . . . \_\_\_\_\_
3. If your hospital **HAS** a neonatal care unit,
- a. Indicate the number of newborns admitted **TO** the unit as transfers from other hospitals . . . . . \_\_\_\_\_
- b. Indicate the number of newborns transferred **FROM** your hospital to other hospitals for further inpatient care . . . . . \_\_\_\_\_
- c. Indicate the number of newborns delivered at your hospital and admitted to your neonatal unit . . . . . \_\_\_\_\_

### H. PSYCHIATRIC, ALCOHOLISM/CHEMICAL DEPENDENCY, MENTAL RETARDATION AND PARTIAL HOSPITALIZATION CARE

1. **Inpatient Care/Partial Hospitalization.** Please indicate the number of admissions, discharges and inpatient days for each of the categories of care specified below. Count each admission and discharge **only once** according to the **major category of care** provided. For partial hospitalization record admissions, discharges and number of visits.

	1998 Hospital		
	<u>Admissions</u>	<u>Discharges</u>	<u>Inpatient Days / Visits</u>
a. Psychiatric, 30 days or less . . . . .	_____	_____	_____
b. Psychiatric, more than 30 days . . . . .	_____	_____	_____
c. Chemical dependency (including Alcoholism) . . . . .	_____	_____	_____
d. Mental Retardation . . . . .	_____	_____	_____
e. Partial hospitalization . . . . .	_____	_____	_____

2. **Outpatient Visits.** Please record the number of psychiatric and chemical dependency (including alcoholism) outpatient visits for each of the categories below. Do not report occasions of service in any category.

	1998 Hospital	
	<u>Psychiatric Visits</u>	<u>Chemical dependency (including Alcoholism) Visits</u>
a. Emergency . . . . .	_____	_____
b. Clinic/Other . . . . .	_____	_____
c. Total . . . . .	_____	_____

**SECTION G**  
**INPATIENT NEWBORN CARE**

1. Deliveries are counted DIFFERENTLY than live births (as recorded in BIRTHS, item E.1.c.1, page 13). Stillbirths are to be included with deliveries and multiple births count as only ONE delivery.
2. If your hospital does not have a neonatal care unit as defined below, complete item G2 as applicable.
3. If your hospital has a neonatal intermediate and/or intensive care unit as defined below, complete items G3a. and b. as applicable.

Neonatal intermediate care unit: A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.

Neonatal intensive care unit: A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birthweights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery and specialty care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.

## 1998 ANNUAL SURVEY

### I. MEDICAID DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM

**COMPLETION OF THIS SECTION IS MANDATORY, REGARDLESS OF WHETHER YOUR HOSPITAL EXPECTS TO BE A MEDICAID DSH PROVIDER.** ALONG WITH OTHER DATA SOURCES AND OTHER VARIABLES FROM THIS SURVEY, the following data will be used to determine eligibility for the Texas Medicaid DSH Program. Your hospital may not qualify for the Texas Medicaid DSH Program if this section is not completed. PLEASE USE THE DEFINITIONS ON PAGE 20 IN COMPLETING THIS SECTION. THE DEFINITIONS FOR BAD DEBT CHARGES AND CHARITY CHARGES IN ITEMS 1 AND 2 ARE SPECIFIC TO THE DSH PROGRAM AND ARE DIFFERENT FROM THE AHA DEFINITIONS (pages 13-14). The complete DSH program rules are found in 25 Texas Administrative Code §29.609. Please call the Bureau of Reimbursement Analysis and Contract Compliance at (512)794-6858 or (512)794-6893 if you have questions about this section or the Medicaid DSH Program.

#### 1. INPATIENT AND OUTPATIENT BAD DEBT CHARGES

- |   |          |
|---|----------|
| a. Inpatient Bad Debt charges .....                               | \$ _____ |
| b. Outpatient Bad Debt charges .....                              | \$ _____ |
| c. <b>TOTAL BAD DEBT CHARGES</b> (please add lines a and b) ..... | \$ _____ |

#### 2. INPATIENT AND OUTPATIENT CHARITY CHARGES

- |  |          |
|--|----------|
| a. Inpatient Charity charges .....                               | \$ _____ |
| b. Outpatient Charity charges .....                              | \$ _____ |
| c. <b>TOTAL CHARITY CHARGES</b> (please add lines a and b) ..... | \$ _____ |

#### 3. PAYMENTS RECEIVED FOR INPATIENT CARE FROM OTHER GOVERNMENTAL SOURCES

- |   |          |                              |
|---|----------|------------------------------|
| Exclude Medicaid Payments   |          | <u>PAYMENTS<br/>RECEIVED</u> |
| a. Local Government (County, City) .....                          | \$ _____ |                              |
| b. State Government (CIDC, Kidney Health Care, MIHIA, etc.) ..... | \$ _____ |                              |

#### 4. INPATIENT DAYS

- |  |       |                       |
|--|-------|-----------------------|
| a. Please report the total number of newborn nursery days .....  | _____ | <u>INPATIENT DAYS</u> |
| b. Please report the total number of swing bed inpatient days that the swing beds were used in the provision of swing services. .... | _____ |                       |

#### 5. NON-TEXAS RESIDENT MEDICAID ELIGIBLE PATIENTS

Please report the total number of inpatient days attributable to individuals eligible for Medicaid in another state - (please exclude Medicaid days reported in E.2.d on page 13). ....

### J. OTHER FINANCIAL AND UTILIZATION DATA — (Please see the definitions on page 20 in completing this section.)

#### 1. FINANCIAL DATA

- |  |   |
|--|---|
| <b>a. TOTAL GROSS PATIENT SERVICE REVENUE FROM SELECTED GOVERNMENT SOURCES</b><br>(charges generated by all patients at full established rates)  | <u>GROSS SOURCES<br/>OF REVENUE</u>         |
| (1) <u>Medicaid</u> (including inpatient and outpatient)   |   |
| (a) Non-Managed Care Medicaid .....  | \$ _____                                    |
| (b) Medicaid Managed Care .....  | \$ _____                                    |
| (c) Disproportionate share hospital payment .....  | \$ _____                                    |
| (d) <b>TOTAL MEDICAID</b> (please add lines a through c - Must equal E.6.a(2)c(1) on page 15) .....  | \$ _____                                    |
| (2) Other Government Sources of Revenue  |   |
| (a) Local Government (County, City) .....  | \$ _____                                    |
| (b) State Government (CIDC, Kidney Health Care, MIHIA, etc.) .....   | \$ _____                                    |
| (c) Other Government (CHAMPUS, etc., please specify: _____) ...  | \$ _____                                    |
| (d) <b>TOTAL Other Government</b> (please add lines a through c - Must equal E.6.a(3)(1) on page 15). ...  | \$ _____                                    |
| <b>b. TOTAL ASSETS AND LIABILITIES</b>   | <u>ASSETS/LIABILITIES</u>                   |
| (1) Please report the amount of total hospital assets. ....  | \$ _____                                    |
| (2) Please report the amount of total hospital liabilities and fund balance .....  | \$ _____                                    |
| <b>c. CHARITABLE CONTRIBUTIONS</b> - Indicate charitable contributions received by your hospital during this fiscal year (exclude contributions which are restricted usage) to capital expenditure ..... | <u>CHARITABLE CONTRIBUTIONS</u><br>\$ _____ |
| <b>d. Of the Nongovernment Third-Party gross revenue reported in item E.6.b(2),</b><br>column 1 on page 15, please report the total amount attributed to NONGOVERNMENT<br>MANAGED CARE INSURERS. ....    | <u>GROSS SOURCE OF REVENUE</u><br>\$ _____  |

**SECTION I**  
**DEFINITIONS APPLICABLE TO SECTION I CONCERNING THE**  
**MEDICAID DISPROPORTIONATE SHARE HOSPITAL PROGRAM**

Please use the following definitions in completing Section I:

Charity Care :	The unreimbursed cost to a hospital of providing, funding or otherwise financially supporting health care services on an inpatient or outpatient basis to a person classified by the hospital as financially or medically indigent or providing, funding or otherwise financially supporting health care services provided to financially indigent patients through other nonprofit or public outpatient clinics, hospitals, or health care organizations.
Bad Debt charges:	Uncollectible inpatient and outpatient charges that result from the extension of credit.
Charity charges:	Total amount of hospital charges for inpatient and outpatient services attributable to charity care in a cost reporting period. These charges do not include bad debt charges, contractual allowances or discounts (other than for indigent patients not eligible for medical assistance under the approved Medicaid state plan); that is, reductions or discounts in charges given to other third party payers such as, but not limited to, health maintenance organizations, Medicare, or Blue Cross.
Financially indigent:	An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.
Medically indigent:	A person whose medical or hospital bills after payment by third-party payers exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill.
Local Government:	Payments received for patient hospital services that were provided under the county Indigent Health Care Program or that were the responsibility of any city or county governmental program. <u>DO NOT</u> include care which was provided under your facility's charity care policy, e.g., hospital district patients.
State Government:	Payments received for patient hospital services which were the responsibility of a unit of state government such as the Children with Special Health Care Needs, and the Kidney Health Program, etc.
Newborn Days:	Report the number of inpatient days for normal newborn nursery. <u>DO NOT</u> include neonatal intensive or intermediate care inpatient days.

**SECTION J**  
**OTHER FINANCIAL AND UTILIZATION DATA**

Account for all hospital admissions and patient days by the sources indicated. Exclude newborn utilization.

Please use the following definitions in completing Section J:

Local Government:	Patient hospital services that were provided under the county Indigent Health Care Program or that were the responsibility of any city or county governmental program. <u>DO NOT</u> include care which was provided under your facility's charity care policy, e.g., hospital district patients.
State Government:	Patient hospital services which were the responsibility of a unit of state government such as the Children with Special Health Care Needs, and the Kidney Health Program, etc.
Self Pay:	Hospital services for patients without any form of health insurance coverage, or hospital services not covered by a given patient's insurance.
Third Party Payor:	Hospital services which were the responsibility of Blue Cross/Blue Shield and other <u>commercial and/or private insurers</u> .
Managed Care:	Systems that integrate the financing and delivery of health care services to covered individuals by means of arrangements with selected providers to furnish comprehensive services to covered individuals, explicit criteria for the selection of participating health-care providers, differential coverage or payments of financial incentives for covered individuals to use providers and procedures associated with the plan and formal programs for quality assurance and utilization review.
Obstetric Care:	Medical and surgical treatment provided to pregnant women and to mothers following delivery.

# 1998 ANNUAL SURVEY

## J. OTHER FINANCIAL AND UTILIZATION DATA (continued)

Do not include newborn utilization. Please see the definitions on page 20 in completing this section.

2. **ADMISSIONS** - Indicate total hospital admissions for your fiscal year for each of the categories specified in section J.2. Count each admission **only once** according to the **MAJOR PAYOR SOURCE** of the patient.

### ADMISSIONS

#### a. GOVERNMENT SOURCES OF REVENUE ADMISSIONS

- (1) Medicare (Title XVIII) inpatient admissions (including Medicare Managed Care). . . . .
- (a) How many Medicare admissions were Medicare Managed Care . . . . .
- (2) Medicaid (Title XIX) inpatient admissions (including Medicaid Managed Care). . . . .
- (a) How many Medicaid admissions were Medicaid Managed Care . . . . .
- (3) Other Government Sources of Revenue admissions
- (a) Local Government admissions (County, City). . . . .
- (b) State Government admissions (CIDC, Kidney Health Care, MIHIA, etc.). . . . .
- (c) Other Government admissions (CHAMPUS, etc.). . . . .
- (d) **Total Other Government admissions (add lines a through c).** . . . . .
- (4) **TOTAL Government Sources of Revenue admissions (add lines 2a(1), 2a(2) and 2a(3)(d)).** . . . .

### ADMISSIONS

#### b. NONGOVERNMENT SOURCES OF REVENUE ADMISSIONS

- (1) Self Pay admissions. . . . .
- (2) Nongovernment Third-Party Payors admissions
- (a) HMO admissions. . . . .
- (b) PPO admissions . . . . .
- (c) Other third-party payor admissions . . . . .
- (d) **TOTAL Nongovernment Third-Party Payors admissions (add lines a through c).** . . . . .
- (3) Other Nongovernment admissions (please specify: ( . . . . . )
- (4) **TOTAL Nongovernment Sources of Revenue admissions (add lines 2b(1), 2b(2)(d) and 2b(3))** . . . . .

#### c. TOTAL ADMISSIONS (add lines 2.a.4 and 2.b.4 - must equal E.1.d.1 on page 13). . . . .

3. **SELECTED INPATIENT DAYS - ONLY** report inpatient days for these specific services **IF** the number of beds reported on page 5 for these services is greater than zero.

### INPATIENT DAYS

- a. General medical-surgical care inpatient days (adult, include gynecology) . . . . .
- b. Pediatric medical-surgical care inpatient days . . . . .
- c. Cardiac intensive care inpatient days. . . . .
- d. Pediatric intensive care inpatient days. . . . .
- e. Obstetric care inpatient days. . . . .

## K. IMMUNIZATION

Please refer to page 22 in completing this section. If you have questions please contact the Immunization Division, Texas Department of Health at 1-800-252-9152.

### 1. HEPATITIS B PREVENTION SECTION

YES NO

- a. Does your hospital/clinic have a policy to screen all pregnant women for hepatitis B surface antigen as part of routine prenatal care? . . . . . ☐ ☐
- b. Does your hospital have a policy to administer HBIG and dose 1 of hepatitis B vaccine to infants born to hepatitis B surface antigen-positive (HBsAg+) mothers? . . . . . ☐ ☐
- c. Does your hospital administer dose 1 of hepatitis B vaccine to all newborns before they leave the hospital? . . . . . ☐ ☐
- d. Does your hospital have or provide on-site prenatal clinics/services? . . . . . ☐ ☐
- e. Number of women screened for hepatitis B surface antigen (HBsAg) at delivery . . . . .
- f. Number of infants receiving HBIG at delivery . . . . .
- g. Number of women found hepatitis B surface antigen-positive (HBsAg+) at delivery . . . . .
- h. Does the hospital have a protocol for communicating the HBsAG status to the woman's PCP and/or OB/GYN? ☐ ☐

## **SECTION K IMMUNIZATION**

If you have questions or need assistance in establishing any type of immunization policy (employee, patient, pregnant women, or newborns) or you would like information about hospital immunization policy and practice reviews, please contact the Immunization Division, Texas Department of Health at 1-(800)-252-9152

### Hepatitis B Prevention Policy:

"Hepatitis B Immunization Given - Yes or No" is now a standard question on the State of Texas Certificate of Birth. Please assure that this question is recorded correctly by your hospital staff. The hepatitis B immunization information combined with other birth certificate information becomes a computerized record (Immunization Tracking System) and the first "shot" record for each child born in Texas. Through efforts to eliminate hepatitis B, in November 1991 the Advisory Committee on Immunization Practices (ACIP) recommended:

1. All pregnant women be routinely screened for HBsAg during their prenatal period.
2. Women admitted for delivery who have not had prenatal HBsAg testing should have blood drawn for screening. While test results are pending, the infant should receive hepatitis B vaccine within 12 hours of birth, in a dose appropriate for infants born to HBsAg-positive mothers.
3. If the mother is later found to be HBsAg positive, her infant should receive the additional protection of HBIG as soon as possible and within 7 days of birth.
4. As part of routine vaccination, hepatitis B vaccination is recommended for all infants. The first dose can be administered during the newborn period, preferably before the infant is discharged from the hospital.

### Immunization Policy:

A hospital is considered to have a mandatory immunization policy if employees MUST provide dates of vaccination or laboratory evidence of immunity.

A hospital is considered to have a recommended immunization policy if vaccines are recommended for employees but are not required for employment.

A hospital is considered to have a combination immunization policy if it has a mandatory immunization policy for designated employees working in specified areas but a voluntary immunization policy for other employees.

### Rubella-Susceptibility Screening and Vaccination Policies

In "Measles, Mumps, and Rubella--Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps," the Advisory Committee on Immunization Practices (ACIP) recommends:

1. Prenatal screening should be carried out on all women not known to be immune to rubella.
2. Rubella-susceptible women who have just delivered babies should be vaccinated with MMR before discharge from the hospital.
3. Vaccination of susceptible women of childbearing age should be part of routine general medical and gynecologic outpatient care, should take place in all family-planning settings, and should become routine before discharge from a hospital for any reason, if there are no contraindications.
4. Pregnant women, persons with acute febrile illness, and persons with altered immunocompetence (except those with asymptomatic HIV) should not be vaccinated with rubella vaccine. Extreme caution should be exercised when vaccinating a patient with a history of anaphylatic reaction to gelatin.
5. Vaccinated women should be counseled to avoid conception for 3 months following vaccination.

### Hospital Immunization Practices Reviews Are Now Available

The Immunization Division of the Texas Department of Health (TDH) now offers hospital immunization policies and practices reviews. The reviews are designed to evaluate existing immunization policies as well as review patient and employee immunization records. For more information about the new hospital reviews contact the TDH Immunization Division at 1-(800)-252-9152.

# 1998 ANNUAL SURVEY

## K. IMMUNIZATION (continued)

Please refer to page 22 in completing this section. If you have questions **please contact the Immunization Division, Texas Department of Health at 1-800-252-9152.**

YES NO

### 2. RUBELLA-SUSCEPTIBILITY SECTION

- a. Does your hospital vaccinate rubella-susceptible mothers with MMR following delivery? ☐ YES ☐ NO
- b. Number of women who received MMR after delivery last year? \_\_\_\_\_
- c. Does the hospital have a protocol for communicating the rubella-susceptibility status to the woman's primary care provider and OB/Gyn? ☐ YES ☐ NO
3. Does your hospital have an **employee** immunization policy? (Please attach explanation or copy of the policy) ☐ YES ☐ NO
- a. **If yes**, indicate the type of employee policy below and vaccine/s included (please check only one box for each vaccine):

	MMR	Hepatitis B	Influenza	Tetanus-Diphtheria	Varicella	YES	NO
Mandatory for employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recommended for employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
or							
Combination immunization policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES	NO

- b. **If yes**, does your hospital's policy mandate that employee immunization records be kept on file? ☐ YES ☐ NO
4. Does your hospital have a **patient** immunization policy? (Please attach an explanation or copy of the policy.) ☐ YES ☐ NO
- If yes, does your hospital vaccinate patients against the following (mark the block if yes):
- a. Influenza ☐ b. Pneumococcal disease ☐ c. Tetanus/Diphtheria ☐
- d. MMR ☐ e. Varicella ☐ f. Hepatitis B ☐

## L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION

Please refer to the definitions on page 24 and 26 in completing this section.

CHARITY ADMISSIONS

1. **CHARITY INPATIENT ADMISSIONS** \_\_\_\_\_
2. **CHARITY CARE POLICY**
- a. Has your hospital governing body adopted a charity care policy statement and formal hospital eligibility system that it uses to determine eligibility for the charity care services it provides?  
☐ YES ☐ NO (IF YES, PLEASE RETURN A COPY OF THAT POLICY WITH THIS QUESTIONNAIRE)
- b. If yes, does your charity care policy address:
- (1) care for the "financially indigent"? ☐ YES ☐ NO (2) care for the "medically indigent"? ☐ YES ☐ NO

3. **CHARITY PROVIDED THROUGH OTHER ORGANIZATIONS** - Please indicate the unreimbursed cost of providing, funding or otherwise financially supporting health care services provided to financially indigent persons through other nonprofit or public outpatient clinics, hospitals or health care organizations. \$ \_\_\_\_\_

### 4. COMMUNITY BENEFITS INFORMATION

- a. Please provide an estimate of the unreimbursed cost of SUBSIDIZED HEALTH SERVICES reported separately for the following categories:
- AMOUNT
- (1) Emergency Care. \$ \_\_\_\_\_
- (2) Trauma Care. \$ \_\_\_\_\_
- (3) Neonatal Intensive Care. \$ \_\_\_\_\_
- (4) Freestanding community clinics, e.g., rural health clinics. \$ \_\_\_\_\_
- (5) Collaborative efforts with local government(s) and/or private agency or agencies in preventive medicine, e.g., immunization programs. \$ \_\_\_\_\_
- (6) Other services that satisfy the definition of "subsidized health services" (please specify):
- (a) \_\_\_\_\_ \$ \_\_\_\_\_
- (b) \_\_\_\_\_ \$ \_\_\_\_\_
- (c) \_\_\_\_\_ \$ \_\_\_\_\_
- (d) \_\_\_\_\_ \$ \_\_\_\_\_
- (e) \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION L**  
**CHARITY CARE AND COMMUNITY BENEFITS INFORMATION**

**L.2.a**

Charity Care  
(provided by  
your hospital):

Health care services provided, funded, or otherwise financially supported on an inpatient or outpatient basis to a person classified by the hospital as "financially indigent" or "medically indigent."

Hospital Eligibility  
System:

The financial criteria and procedure used by a hospital to determine if a patient is eligible for charity care. The system shall include income levels and means testing indexed to the federal poverty guidelines, provided, however, that the hospital does not establish an eligibility system which sets the income level eligible for charity care lower than that required by counties under Section 61.023, or higher, in the case of the financially indigent, than 200 percent of the federal poverty guidelines. A hospital may determine that a person is financially or medically indigent pursuant to the hospital's eligibility system after health care services are provided.

**L.2.b**

Financially Indigent:

An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

Medically Indigent:

A person whose medical or hospital bills after payment by third-party payors exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and who is financially unable to pay the remaining bill.

**L.3**

Charity Care  
(provided  
through other  
organizations):

The total amount provided, funded or otherwise financially supported for health care services provided to financially indigent patients through **OTHER** nonprofit or public outpatient clinics, hospitals or health care organizations. **Please do NOT include charity care provided to the financially or medically indigent on an inpatient or outpatient basis in your facility.**

**L.4.a**

"Subsidized  
Health Services:"

Those services provided by a hospital in response to community needs for which the reimbursement is less than the hospital's cost for providing the services and which must be subsidized by other hospital or nonprofit supporting entity revenue sources. Subsidized health services may include but are not limited to:

- emergency and trauma care;
- neonatal intensive care;
- freestanding community clinics; and
- collaborative efforts with local government or private agencies in preventive medicine, such as immunization programs.



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## L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION (continued)

Please see the definitions on page 26 in completing this section.

AMOUNT

### 4. COMMUNITY BENEFITS INFORMATION (continued)

- |     |   |    |       |
|-----|---|----|-------|
| b.  | Please indicate the amount of DONATIONS <u>your hospital made</u> during this reporting period . . . . .                                | \$ | _____ |
| c.  | Please indicate the total amount of funds received and expenses for RESEARCH:   |    |       |
| (1) | TOTAL AVAILABLE FUNDS. . . . .  | \$ | _____ |
| (2) | LESS TOTAL EXPENSES . . . . .   | \$ | _____ |
| (3) | TOTAL NET FUNDS [Item 4c(1) - item 4c(2)] . . . . .   | \$ | _____ |
| d.  | Please indicate the amount of funds received and expenses for EDUCATION separated into the following categories:                        |    |       |
| (1) | <i>Education of physicians, nurses, technicians and other medical professionals and health care providers.</i>                          |    |       |
| (a) | TOTAL AVAILABLE FUNDS. . . . .  | \$ | _____ |
| (b) | LESS TOTAL EXPENSES . . . . .   | \$ | _____ |
| (c) | TOTAL NET FUNDS [Item 4d(1)(a) - item 4d(1)(b)]. . . . .  | \$ | _____ |
| (2) | <i>Scholarships and funding to medical schools, colleges, and universities for health professions education.</i>                        |    |       |
| (a) | TOTAL AVAILABLE FUNDS. . . . .  | \$ | _____ |
| (b) | LESS TOTAL EXPENSES . . . . .   | \$ | _____ |
| (c) | TOTAL NET FUNDS [Item 4d(2)(a) - item 4d(2)(b)] . . . . .   | \$ | _____ |
| (3) | <i>Education of patients concerning diseases and home care in response to community needs.</i>  |    |       |
| (a) | TOTAL AVAILABLE FUNDS. . . . .  | \$ | _____ |
| (b) | LESS TOTAL EXPENSES . . . . .   | \$ | _____ |
| (c) | TOTAL NET FUNDS [Item 4d(3)(a) - item 4d(3)(b)]. . . . .  | \$ | _____ |
| (4) | <i>Community health education through informational programs, publications, and outreach activities in response to community needs.</i> |    |       |
| (a) | TOTAL AVAILABLE FUNDS. . . . .  | \$ | _____ |
| (b) | LESS TOTAL EXPENSES . . . . .   | \$ | _____ |
| (c) | TOTAL NET FUNDS [Item 4d(4)(a) - item 4d(4)(b)]. . . . .  | \$ | _____ |
| (5) | <i>Other educational services that satisfy the definition of "education-related costs".</i>   |    |       |
| (a) | TOTAL AVAILABLE FUNDS. . . . .  | \$ | _____ |
| (b) | LESS TOTAL EXPENSES . . . . .   | \$ | _____ |
| (c) | TOTAL NET FUNDS [Item 4d(5)(a) - item 4d(5)(b)] . . . . .   | \$ | _____ |

**SECTION L**  
**CHARITY CARE AND COMMUNITY BENEFITS INFORMATION**

<b>L.4.b</b> Donations:	The unreimbursed costs of providing cash and in-kind services and gifts, including facilities, equipment, personnel, and programs, to other nonprofit or public outpatient clinics, hospitals, or health care organizations.
<b>L.4.c</b> Research-Related Costs:	The reimbursed or unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting facilities, equipment, and personnel for medical and clinical research conducted in response to community needs.
<b>L.4.d</b> Education-Related Costs:	<p>The reimbursed or unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting educational benefits, services, and programs including:</p> <ul style="list-style-type: none"><li>• education of physicians, nurses, technicians, and other medical professionals and health care providers;</li><li>• provision of scholarships and funding to medical schools, colleges, and universities for health professions education;</li><li>• education of patients concerning diseases and home care in response to community needs; and</li><li>• community health education through informational programs, publications, and outreach activities in response to community needs.</li></ul>

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### M. CERTIFICATION STATEMENT:

I certify that the information provided on this survey is true, complete, and correct to the best of my knowledge.

Date of Completion

\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Administrator

\_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

Does your hospital or health system have an Internet or Homepage address? YES ☐ NO ☐  
If yes, please provide the address: http://\_\_\_\_\_

Thank you for your cooperation in completing this survey. If there are any questions about your survey, who should be contacted?

\_\_\_\_\_  
Primary Contact (please print)

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
Electronic / Internet Mail address

\_\_\_\_\_  
Secondary Contact (please print)

\_\_\_\_\_  
Title

(\_\_\_\_\_)\_\_\_\_\_  
(Area Code) Telephone Number

(\_\_\_\_\_)\_\_\_\_\_  
(Area Code) FAX number

### NOTE:

PLEASE COPY THIS SURVEY FORM FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE TEXAS DEPARTMENT OF HEALTH. THANK YOU.

## 1998 ANNUAL SURVEY

## SUPPLEMENTAL INFORMATION

Use this space or an additional sheet if more space is required for comments or to elaborate on any of the information supplied on this survey. Refer to the response by page, section, and item name. Also, use this space to describe your community benefit activities.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.